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<b>State:</b>	District of Columbia	<b>Filing Company:</b>	Fireman's Fund Insurance Company
<b>TOI/Sub-TOI:</b>	09.0 Inland Marine/09.0005 Other Commercial Inland Marine		
<b>Product Name:</b>	Preferred Club Program - Commercial Inland Marine		
<b>Project Name/Number:</b>	Preferred Club/NDCCM0318F		

## Filing at a Glance

Company:	Fireman's Fund Insurance Company
Product Name:	Preferred Club Program - Commercial Inland Marine
State:	District of Columbia
TOI:	09.0 Inland Marine
Sub-TOI:	09.0005 Other Commercial Inland Marine
Filing Type:	Form
Date Submitted:	05/04/2018
SERFF Tr Num:	MRTN-131481021
SERFF Status:	Closed-APPROVED
State Tr Num:	
State Status:	
Co Tr Num:	NDCCM0318F
Effective Date	On Approval
Requested (New):	
Effective Date	
Requested (Renewal):	
Author(s):	Brian Thomas, Patricia Pollard, Saygan Robinson, Lorna Williams, Diane Zaborowski
Reviewer(s):	Carmen Belen (primary)
Disposition Date:	05/14/2018
Disposition Status:	APPROVED
Effective Date (New):	05/14/2018
Effective Date (Renewal):	05/14/2018

**State:** District of Columbia **Filing Company:** Fireman's Fund Insurance Company  
**TOI/Sub-TOI:** 09.0 Inland Marine/09.0005 Other Commercial Inland Marine  
**Product Name:** Preferred Club Program - Commercial Inland Marine  
**Project Name/Number:** Preferred Club/NDCCM0318F

## General Information

Project Name: Preferred Club Status of Filing in Domicile:  
Project Number: NDCCM0318F Domicile Status Comments:  
Reference Organization: Insurance Services Office, Inc. Reference Number: All ISO Commercial Inland Marine Rating Plans, Rules, Loss Costs and Forms in effect  
Reference Title: Advisory Org. Circular:  
Filing Status Changed: 05/14/2018  
State Status Changed: Deemer Date:  
Created By: Lorna Williams Submitted By: Lorna Williams  
Corresponding Filing Tracking Number: NDCCM0318R

### Filing Description:

Attached for your review is a Filing Authorization Letter from Fireman's Fund Insurance Company (hereinafter referred to as the Company) authorizing Martin & Company to submit this filing on their behalf. Please direct all correspondence regarding this filing to Martin & Company.

The Company is submitting their new program filing for Commercial Inland Marine coverage for their Preferred Club Program on a countrywide basis. This program will use the current ISO forms for Commercial Inland Marine in conjunction with the attached proprietary forms. In addition, the company will use previously filed and approved Allianz materials in effect, including Terrorism forms and disclosure notices.

The program will also use current ISO rules, rating plans and loss costs in conjunction with their Loss Cost Multiplier and state exception pages.

This filing is being submitted on a monoline basis, but may also be used as part of a package.

The company proposes an effective date upon your acknowledgement or approval of this filing.

## Company and Contact

### Filing Contact Information

Patricia Pollard, Compliance and State Filings Supervisor  
P.O. Box 70 302-384-6280 [Phone]  
Edgemont, PA 19028

### Filing Company Information

(This filing was made by a third party - martinandcompany)

Fireman's Fund Insurance Company	CoCode: 21873	State of Domicile: California
225 W. Washington Street	Group Code: 761	Company Type: P&C
Suite 1800	Group Name: Allianz Insurance	State ID Number:
Chicago, IL 60606	Group	
(888) 466-7883 ext. [Phone]	FEIN Number: 94-1610280	



<b>SERFF Tracking #:</b>	MRTN-131481021	<b>State Tracking #:</b>		<b>Company Tracking #:</b>	NDCCM0318F
<b>State:</b>	District of Columbia	<b>Filing Company:</b>	Fireman's Fund Insurance Company		
<b>TOI/Sub-TOI:</b>	09.0 Inland Marine/09.0005 Other Commercial Inland Marine				
<b>Product Name:</b>	Preferred Club Program - Commercial Inland Marine				
<b>Project Name/Number:</b>	Preferred Club/NDCCM0318F				

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
APPROVED	Carmen Belen	05/14/2018	05/14/2018

SERFF Tracking #:

MRTN-131481021

State Tracking #:

Company Tracking #:

NDCCM0318F

State: District of Columbia

TOI/Sub-TOI: 09.0 Inland Marine/09.0005 Other Commercial Inland Marine

Product Name: Preferred Club Program - Commercial Inland Marine

Project Name/Number: Preferred Club/NDCCM0318F

Filing Company:

Fireman's Fund Insurance Company

## Disposition

Disposition Date: 05/14/2018

Effective Date (New): 05/14/2018

Effective Date (Renewal): 05/14/2018

Status: APPROVED

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Readability Certificate	APPROVED	Yes
Supporting Document	Copy of Trust Agreement	APPROVED	Yes
Supporting Document	Expedited SERFF Filing Transmittal Form	APPROVED	Yes
Supporting Document	Consulting Authorization	APPROVED	Yes
Supporting Document	Filing Memorandum	APPROVED	Yes
Form	SCHEDULE OF ACCOUNTS RECEIVABLE	APPROVED	Yes
Form	SCHEDULE OF VALUABLE PAPERS AND RECORDS	APPROVED	Yes
Form	SCHEDULE OF SIGNS CHANGES	APPROVED	Yes
Form	SCHEDULE OF SIGNS	APPROVED	Yes
Form	COMMERCIAL INLAND MARINE COVERAGE PART SIGNS SUPPLEMENTAL DECLARATIONS	APPROVED	Yes
Form	COMMERCIAL INLAND MARINE COVERAGE PART VALUABLE PAPERS AND RECORDS SUPPLEMENTAL DECLARATIONS	APPROVED	Yes
Form	COMMERCIAL INLAND MARINE COVERAGE PART COMMERCIAL ACCOUNTS RECEIVABLE SUPPLEMENTAL DECLARATIONS	APPROVED	Yes
Form	COMMERCIAL INLAND MARINE COVERAGE PART SUPPLEMENTAL DECLARATIONS	APPROVED	Yes

**State:**

District of Columbia

**Filing Company:**

Fireman's Fund Insurance Company

**TOI/Sub-TOI:**

09.0 Inland Marine/09.0005 Other Commercial Inland Marine

**Product Name:**

Preferred Club Program - Commercial Inland Marine

**Project Name/Number:**

Preferred Club/NDCCM0318F

## Form Schedule

Item No.	Schedule Item Status	Form Name	Form Number	Edition Date	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1	APPROVED 05/14/2018	SCHEDULE OF ACCOUNTS RECEIVABLE	VCCIMDS01A	03 18	DEC	New		0.000	VCCIMDS01A 03 18 Schedule of Accts Rec.pdf
2	APPROVED 05/14/2018	SCHEDULE OF VALUABLE PAPERS AND RECORDS	VCCIMDS02A	03 18	DEC	New		0.000	VCCIMDS02A 03 18 Schedule of Valuable Papers & Records.pdf
3	APPROVED 05/14/2018	SCHEDULE OF SIGNS CHANGES	VCCIMDS03A	03 18	DEC	New		0.000	VCCIMDS03A 03 18 Schedule of Signs Changes.pdf
4	APPROVED 05/14/2018	SCHEDULE OF SIGNS	VCCIMDS04A	03 18	DEC	New		0.000	VCCIMDS04A 03 18 Schedule of Signs.pdf
5	APPROVED 05/14/2018	COMMERCIAL INLAND MARINE COVERAGE PART SIGNS SUPPLEMENTAL DECLARATIONS	VCCIMDS05A	03 18	DEC	New		0.000	VCCIMDS05A 03 18.pdf
6	APPROVED 05/14/2018	COMMERCIAL INLAND MARINE COVERAGE PART VALUABLE PAPERS AND RECORDS SUPPLEMENTAL DECLARATIONS	VCCIMDS06A	03 18	DEC	New		0.000	VCCIMDS06A 03 18.pdf
7	APPROVED 05/14/2018	COMMERCIAL INLAND MARINE COVERAGE PART COMMERCIAL ACCOUNTS RECEIVABLE SUPPLEMENTAL DECLARATIONS	VCCIMDS07A	03 18	DEC	New		0.000	VCCIMDS07A 03 18.pdf
8	APPROVED 05/14/2018	COMMERCIAL INLAND MARINE COVERAGE PART SUPPLEMENTAL DECLARATIONS	VCCIMDS08A	03 18	DEC	New		0.000	VCCIMDS08A 03 18.pdf

### Form Type Legend:

<b>State:</b>	District of Columbia	<b>Filing Company:</b>	Fireman's Fund Insurance Company
<b>TOI/Sub-TOI:</b>	09.0 Inland Marine/09.0005 Other Commercial Inland Marine		
<b>Product Name:</b>	Preferred Club Program - Commercial Inland Marine		
<b>Project Name/Number:</b>	Preferred Club/NDCCM0318F		

<b>ABE</b>	Application/Binder/Enrollment	<b>ADV</b>	Advertising
<b>BND</b>	Bond	<b>CER</b>	Certificate
<b>CNR</b>	Canc/NonRen Notice	<b>DEC</b>	Declarations/Schedule
<b>DSC</b>	Disclosure/Notice	<b>END</b>	Endorsement/Amendment/Conditions
<b>ERS</b>	Election/Rejection/Supplemental Applications	<b>OTH</b>	Other

Policy Number

## SCHEDULE OF ACCOUNTS RECEIVABLE

Named Insured

Effective Date:

12:01 A.M., Standard Time

Agent Name

Agent No.

### A. Property at Your Premises

Loc. No. Bldg. No. Limit of Insurance:

#### Description of Receptacles

Class Manufacturer Label Issuer

#### Duplicate Records

Premises Address Percentage Duplicated

Loc. No. Bldg. No. Limit of Insurance:

#### Description of Receptacles

Class Manufacturer Label Issuer

#### Duplicate Records

Premises Address Percentage Duplicated

Loc. No. Bldg. No. Limit of Insurance:

#### Description of Receptacles

Class Manufacturer Label Issuer

#### Duplicate Records

Premises Address Percentage Duplicated

Loc. No. Bldg. No. Limit of Insurance:

#### Description of Receptacles

Class Manufacturer Label Issuer

#### Duplicate Records

Premises Address Percentage Duplicated

Loc. No. Bldg. No. Limit of Insurance:

#### Description of Receptacles

Class Manufacturer Label Issuer

#### Duplicate Records

Premises Address Percentage Duplicated

Policy Number

## SCHEDULE OF VALUABLE PAPERS AND RECORDS

Named Insured

Effective Date:

12:01 A.M., Standard Time

Agent Name

Agent No.

PROPERTY AT YOUR "PREMISES"

Loc. No. Bldg. No.

**Specifically Described Property:**

<b>All Other Covered Property</b>	<b>Total</b>
	<b>Total</b>

### Description of Receptacles

Address	Manufacturer	Class	Label	Issuer
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Loc. No. Bldg. No.

**Specifically Described Property:**

<b>All Other Covered Property</b>	<b>Total</b>
	<b>Total</b>

### Description of Receptacles

Address	Manufacturer	Class	Label	Issuer
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Loc. No. Bldg. No.

**Specifically Described Property:**

<b>All Other Covered Property</b>	<b>Total</b>
	<b>Total</b>

### Description of Receptacles

Address	Manufacturer	Class	Label	Issuer
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Policy Number  
Endorsement No.

SCHEDULE OF SIGNS CHANGES

Named Insured

Effective Date:

Agent Name

12:01 A.M., Standard Time  
Agent No.

COVERAGE AFFECTED BY THIS CHANGE IS ADDED, DELETED OR CHANGED AS INDICATED.

PREMISES AND LIMITS OF INSURANCE:

Loc. No.	Bldg. No.	Type of Sign	Lettering	Limit of Insurance

Policy Number  
Endorsement No.

SCHEDULE OF SIGNS

Named Insured

Effective Date:

Producer Name

12:01 A.M., Standard Time  
Producer No.

PREMISES AND LIMITS OF INSURANCE:

Loc. No.	Bldg. No.	Type of Sign	Lettering	Limit of Insurance

Policy Number

## COMMERCIAL INLAND MARINE COVERAGE PART SIGNS SUPPLEMENTAL DECLARATIONS

Named Insured

Effective Date:

12:01 A.M., Standard Time

Agent Name

**Item 1.** Business Description

**Item 2.** Limits of Insurance

Location

Type of Sign

Lettering

Limit of Insurance

**Total**

**Item 3.** Deductible

**Item 4.** Coinsurance

The Coinsurance percentage is 100% unless otherwise stated.

**Item 5.** Rate and Premium

Rate

Premium for this Coverage Form

**Item 6.** Special Provisions, if any:

**Item 7.** Forms and Endorsements

Form(s) and Endorsement(s) made a part of this policy at the time of issue:

**See schedule of Forms and Endorsements**

THESE DECLARATIONS ARE PART OF THE POLICY DECLARATIONS CONTAINING THE NAME OF THE INSURED AND THE POLICY PERIOD

Policy Number

**COMMERCIAL INLAND MARINE COVERAGE PART  
VALUABLE PAPERS AND RECORDS  
SUPPLEMENTAL DECLARATIONS**

Named Insured

Effective Date:

12:01 A.M., Standard Time

Agent Name

**Item 1.** Business Description:

**Item 2.** Limits of Insurance

A. Property at Your Premises

Limit of Insurance

Address:

1. Specifically Described Property

Total

2. All Other Covered Property

B. Property Away from Your Premises

**Item 3.** Deductible

**Item 4.** Description of Receptables

Address

Manufacturer

Class

Label

Issuer

**Item 5.** Rate and Premium

Rate

Premium for this Coverage Form

**Item 6.** Special Provisions, if any:

**Item 7.** Forms and Endorsements

Form(s) and Endorsement(s) made a part of this policy at the time of issue:

**See schedule of Forms and Endorsements**

THESE DECLARATIONS ARE PART OF THE POLICY DECLARATIONS CONTAINING THE NAME OF THE INSURED AND THE POLICY PERIOD

Policy Number

## COMMERCIAL INLAND MARINE COVERAGE PART COMMERCIAL ACCOUNTS RECEIVABLE SUPPLEMENTAL DECLARATIONS

Named Insured

Effective Date:

12:01 A.M., Standard Time

Agent Name

**Item 1.** Business Description:

**Item 2.** Limits of Insurance

Description of Property

A. Property at Your Premises

Limit of Insurance

Address

B. Property in Transit

C. Property Not at Your Premises and Not Included Above

D. All Covered Property at All Locations

**Item 3.** Description of Receptables

Class

Manufacturer

Class

Label

Issuer

**Item 4.** Coinsurance

The Coinsurance percentage is 80% unless otherwise stated.

**Item 5.** Rate and Premium

A. Nonreporting Rate Premium

B. Reporting

1. Deposit Premium

2. Minimum Annual Premium

3. Reporting Period

4. Premium Adjustment Period

5. Rate(s)

Premium for this Coverage Form

**Item 6.** Duplicate Records

If the Duplicate Records endorsement is attached, the following applies:

Premium Address    Percentage Duplicated

**Item 7.** Special Provisions, if any

**Item 8.** Forms and Endorsements

Form(s) and Endorsement(s) made a part of this policy at the time of issue:

**See schedule of Forms and Endorsements**

THESE DECLARATIONS ARE PART OF THE POLICY DECLARATIONS CONTAINING THE NAME OF THE INSURED AND THE POLICY PERIOD.

Policy Number

## COMMERCIAL INLAND MARINE COVERAGE PART SUPPLEMENTAL DECLARATIONS

Named Insured

Effective Date:

12:01 A.M., Standard Time

Agent Name

Agent. No.

**Item 1.** Business Description

**Item 2.** Forms and Endorsements

Form(s) and Endorsement(s) made a part of this policy at time of use:

**See Schedule of Forms and Endorsements**

THESE DECLARATIONS ARE PART OF THE POLICY DECLARATIONS CONTAINING THE NAME OF THE INSURED AND THE POLICY PERIOD.

<b>SERFF Tracking #:</b>	MRTN-131481021	<b>State Tracking #:</b>		<b>Company Tracking #:</b>	NDCCM0318F
<b>State:</b>	District of Columbia	<b>Filing Company:</b>	Fireman's Fund Insurance Company		
<b>TOI/Sub-TOI:</b>	09.0 Inland Marine/09.0005 Other Commercial Inland Marine				
<b>Product Name:</b>	Preferred Club Program - Commercial Inland Marine				
<b>Project Name/Number:</b>	Preferred Club/NDCCM0318F				

## Rate Information

Rate data does NOT apply to filing.

<b>State:</b>	District of Columbia	<b>Filing Company:</b>	Fireman's Fund Insurance Company
<b>TOI/Sub-TOI:</b>	09.0 Inland Marine/09.0005 Other Commercial Inland Marine		
<b>Product Name:</b>	Preferred Club Program - Commercial Inland Marine		
<b>Project Name/Number:</b>	Preferred Club/NDCCM0318F		

## Supporting Document Schedules

<b>Bypassed - Item:</b>	Readability Certificate
<b>Bypass Reason:</b>	N/A
<b>Attachment(s):</b>	
<b>Item Status:</b>	APPROVED
<b>Status Date:</b>	05/14/2018

<b>Bypassed - Item:</b>	Copy of Trust Agreement
<b>Bypass Reason:</b>	N/A
<b>Attachment(s):</b>	
<b>Item Status:</b>	APPROVED
<b>Status Date:</b>	05/14/2018

<b>Bypassed - Item:</b>	Expedited SERFF Filing Transmittal Form
<b>Bypass Reason:</b>	N/A
<b>Attachment(s):</b>	
<b>Item Status:</b>	APPROVED
<b>Status Date:</b>	05/14/2018

<b>Satisfied - Item:</b>	Consulting Authorization
<b>Comments:</b>	
<b>Attachment(s):</b>	Allianz Filing Authorization Letter 4-4-18.pdf
<b>Item Status:</b>	APPROVED
<b>Status Date:</b>	05/14/2018

<b>Satisfied - Item:</b>	Filing Memorandum
<b>Comments:</b>	
<b>Attachment(s):</b>	Filing Memo - Forms.pdf
<b>Item Status:</b>	APPROVED
<b>Status Date:</b>	05/14/2018

**Allianz Global Corporate & Specialty®**

Wednesday, April 04, 2018

RE: Filing Authorization Letter  
**Fireman's Fund Ins. Co.**  
NAIC #: 21873 / FEIN: 94-1610280  
Rate, Rule, and Form Filings

To Whom It May Concern:

Please accept this filing authorization letter as certification that we hereby authorize Martin & Company to submit rate, rule, and form filings on behalf of Fireman's Fund Ins Co. With respect to these filings, this authorization includes responding to interrogatories and supplying additional information on our behalf as required. This authorization will remain in force and effect until withdrawn in writing.

All correspondence and inquiries related to filings under this authorization should be directed to the following:

**Martin & Company**

*YOUR INSURANCE SOLUTIONS PARTNER®*

ATTN: Compliance Division

P.O. Box 70

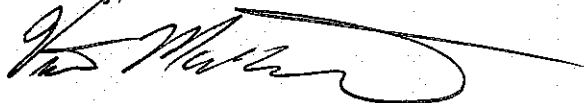
Edgemont, PA 19028-0070

Phone: (800) 896-8000

Fax: (610) 325-4405

Should you have any questions or require additional information regarding this authorization, please feel free to contact me.

Sincerely,



Vinko Markovina  
Global Head of MidCorp  
Phone: 646-472-1441  
E-mail: [vmarkovina@aic-allianz.com](mailto:vmarkovina@aic-allianz.com)

## **FIREMAN'S FUND INSURANCE COMPANY**

### **FILING MEMORANDUM**

Attached for your review is a Filing Authorization Letter from Fireman's Fund Insurance Company (hereinafter referred to as the Company) authorizing Martin & Company to submit this filing on their behalf. Please direct all correspondence regarding this filing to Martin & Company.

The Company is submitting their new program filing for Commercial Inland Marine coverage for their Preferred Club Program on a countrywide basis. This program will use the current ISO forms for Commercial Inland Marine in conjunction with the attached proprietary forms. In addition, the company will use previously filed and approved Allianz materials in effect, including Terrorism forms and disclosure notices.

This filing is being submitted on a monoline basis, but may also be used as part of a package.